



Airgas USA, LLC
2015 VAUGHN RD STE 400
KENNESAW GA 30144-7802

Statement

Statement		CUST NO	PAY THIS AMOUNT
DATE	COMPANY	0901	\$1,342.80
12/31/2016	SO00		

We accept

Payer 0901

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

39370 1 AT 0.399 T152 3DG225 BL4 S206

FILLINGANE MEDICAL CLINIC
154 ETHEL WINGATE DR UNIT 401
PENSACOLA FL 32507-8186

039370
3

AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

13209011M121320901000001342801

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 678-903-7714

EXHIBIT

B



Payments received on the last business day of the month may not be reflected in your current statement.

FOR WIRE TRANSFER PAYMENTS

FOR WIRE TRANSFER
AIRGAS USA, LLC

AIRGAS USA, LLC
Acct No. [REDACTED]

Acct No.

REF S000/1320901

For change of address
email to: sdiv_adr5s@airgas.com
or call 678-903-7716



Contact us: @ www.business.comcast.com 800-391-3000

Account Number	9695-01-5
Billing Date	05/07/16
Unpaid Balance	\$480.44 - Due Now
New Charges	\$501.84 - Due 05/25/16
Total Amount Due	\$982.28
Page 1 of 2	

Fillingane Medical Clinic

For service at:
1021 N FLOWOOD DR
FLOWOOD MS 39232

News from Comcast

Your account is now past due and is subject to a late fee. We value you as a customer and understand that this may be an oversight. To continue to receive our variety of programming, please remit payment immediately.

Go paperless with Ecobill, sign up to view and pay your Comcast Business bill online at business.comcast.com/myaccount.

Monthly Statement	
Previous Balance	480.44
Payments - received by 05/07/16	0.00
Unpaid Balance - Due Now	480.44
New Charges - Due by 05/25/16 see below for more information	501.84
Total Amount Due	\$982.28

New Charges Summary	
Comcast High-Speed Internet	249.95
Comcast Digital Voice	234.60
Other Charges & Credits	6.14
Taxes, Surcharges & Fees	11.15
Total New Charges	\$501.84

Thank you for being a valued Comcast customer.

Detach and enclose this coupon with your payment. Please write your account number on your check or money order. Do not send cash.



COMCAST CABLE
5015 155 NORTH
JACKSON MS 39213-9722

AV 01 003946 73366B 17 A**5DGT

|||||
Fillingane Medical Clinic
1021 N FLOWOOD DR
FLOWOOD MS 39232-9533

Account Number	9695-01-5
Payment Due by	Due Now

Total Amount Due **\$982.28**

Amount Enclosed **\$** _____

Make checks payable to Comcast

|||||
COMCAST CABLE
PO BOX 105257
ATLANTA GA 30348-5257



GE HEALTHCARE

DBA: GE HEALTHCARE

FEDERAL ID#:

REMIT INVOICE NUMBER: 6000584016

INVOICE DATE: 01-Sep-2016

CUSTOMER ACCT: 2508

GE REFERENCE#: 0351830 MSA - 2013- 0



748

AMOUNT DUE:	\$590.59 (US DOLLARS)
DUE DATE:	01-Oct-2016
Remit to:	GE HEALTHCARE
US MAIL:	P.O. Box 96483 * CHICAGO IL 60693
Wire/EFT information:	ABA [REDACTED] ACCOUNT [REDACTED]
If Wire/EFT, please email remittance advice to: GEHCWire@ge.com	

SOLD TO:
 FILLINGANE MEDICAL CLINIC PA
 ACCOUNTS PAYABLE
 1021 N FLOWOOD DR
 FLOWOOD, MS 39232-9533

SHIP TO:
 FILLINGANE MEDICAL CLINIC PA
 1021 N FLOWOOD DR
 FLOWOOD, MS 39232-9533

CUSTOMER PO#: SIGNED AGREEMENT

Page 1 of 1

PAYMENT TERMS: 30 Net	CONTRACT #: 0351830 MSA - 2013- 0	CUSTOMER ACCT: 2508
FE NAME:	MODALITY:	
GE SALES REP OR FE: SERVICE-STAFF + ADMIN	SERV MANAGER:	

Inquiries regarding this Invoice should be directed to: 1-800-581-5600

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	BILLING FOR CONTRACT # 0351830 MSA - 2013- 0 FOR THE PERIOD OF 09/01/2016 TO 09/30/2016 1 Inv/Credit Period:09/01/2016 to 09/30/2016, Serial#: , LOGIQ P6 BT09, Line Comment: SYSTEM ID: LP6113767	1	\$551.95	\$551.95

Please include the Invoice / Credit Memo number for proper credit: 6000584016	TOTAL	\$551.95
	TAX	\$38.64
	SHIPPING/HANDLING	\$0.00
	TOTAL AMOUNT	\$590.59
	Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.	



MedComp Sciences, LLC
 20203 McHost Rd Suite A
 Zachary, LA 70791
 (225)570-8486
 ap@medcompsciences.com
 http://www.medcompsciences.com



INVOICE

INVOICE # 2632
 DATE 04/07/2015
 DUE DATE 04/22/2015
 TERMS Net 15

BILL TO
 Fillingane Medical Clinic
 1021 North Flowood Drive
 Jackson, MS 39232

SHIP TO
 Fillingane Medical Clinic
 1021 North Flowood Drive
 Jackson, MS 39232

PAST DUE

Please detach top portion and return with your payment.

SHIP DATE
 03/17/2015

ACTIVITY	QTY	RATE	AMOUNT
6-Panel Reveal POC Cup	100	2.40	240.00
6-Panel Reveal POC Cup			
Sales Tax Included			

Thank you for choosing MedComp Sciences, LLC for your laboratory
 needs.

BALANCE DUE **\$240.00**



ADVANCED
RECOVERY SYSTEMS
Member American Collectors Association, Inc.
P.O. Box 80766 • Valley Forge, PA 19484

Telephone: (610) 354-0990 • Toll Free: (888) 354-0990 • Fax: (610) 354-0996

September 2, 2016

FILLINGANE MEDICAL CLINIC
154 Ethel Wingate Dr Unit 401
Pensacola FL 32507-8186

ARS Account #: █ 6108
Re: PAWNEE LEASING CORPORATION
FILLINGANE,CHARLES
Original Account #: █ 3067
Balance: \$7,314.87

We have been retained in the matter of your delinquent obligation to PAWNEE LEASING CORPORATION. This inquiry is being sent in an effort to determine your reason for nonpayment. Please call, or forward to our offices an explanation of why you continue to carry this delinquent payable. Otherwise, please mail the balance shown above in the return envelope provided.

If you were involved in a bankruptcy, please contact our office to validate the filing information as soon as possible. Demands made in this letter do not pertain to debts protected under an active filing or discharge.

Sincerely,

ADVANCED RECOVERY SYSTEMS Toll Free (888) 354-0990 Fax (610) 354-0996

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt to be valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

3-CDARSY-002-06/28/13

*** Please detach the lower portion and return with your payment ***

Y1BEE76BA6



P.O. Box 80766
Valley Forge PA 19484-0766
ADDRESS SERVICE REQUESTED

IF YOU WISH TO PAY BY CREDIT CARD, CIRCLE ONE AND FILL IN THE INFORMATION BELOW.		
<input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		
CARD NUMBER		EXP. DATE
CARD HOLDER NAME		CVV
SIGNATURE		AMOUNT PAID

Re: PAWNEE LEASING CORPORATION
Original Account #: █ 3067
Balance: \$7,314.87

000612002400007216032507818601-1YA1-Y1BEE76BA6 3

- 3

FILLINGANE MEDICAL CLINIC
154 Ethel Wingate Dr Unit 401
Pensacola FL 32507-8186



Advanced Recovery Systems
P.O. Box 80766
Valley Forge PA 19484-0766

Account number: [REDACTED] **9807** ■ June 1, 2016 - June 30, 2016 ■ Page 2 of 6

- You can close your account at any time if the account is in good standing (e.g., does not have a negative balance or any restrictions on the account).
- If your account is an interest-earning account, it will cease to earn interest from the date you request it be closed.
- If your account has Overdraft Protection and/or Debit Card Overdraft Service, these services will be removed when you request to close your account.
- If your account balance does not reach zero within 30 days from the date of your request to close your account, we will charge you the applicable monthly service fee if you do not meet the requirements to avoid the monthly service fee. If the monthly service fee is greater than your account balance, only the amount equal to your account balance will be charged and your account will be closed.
- After 30 days, if your account balance does not reach zero, your account will be returned to active status and subject to all applicable fees. If your account is a variable interest earning account, the interest rates disclosed in the rate sheet in effect on the date your account is returned to active status will apply. We may change the interest rate for variable rate accounts at any time. You will need to reestablish Overdraft Protection and/or Debit Card Overdraft Service if desired by contacting your banker or calling the number on your statement.

Activity summary

Beginning balance on 6/1	-\$3,150.41
Deposits/Credits	8,624.37
Withdrawals/Debits	- 5,473.96
Closing balance on 6/28	\$0.00
Average ledger balance this period	-\$2,184.75

Account number: [REDACTED] **9807****SAM FILLINGANE D O P A***Mississippi account terms and conditions apply*

For Direct Deposit use

Routing Number (RTN): [REDACTED]

For Wire Transfers use

Routing Number (RTN): [REDACTED]

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.